

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005944

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 19 1963

Primary Registration District No.

3020

Registrar's No.

34

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Washington, Mo.</u>   |   | Length of stay in lb<br><u>10 days</u>   | c. CITY OR TOWN <u>St. Clair, Mo.</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>255 W. Springfield Rd.</u> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ELMER</u> Middle <u>ROSS</u> Last <u>MAUPIN</u>   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>16</u> , Year <u>1963</u>   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>Oct. 13, 1905</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Shoe Factory</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>General work</u>   | 9. AGE (last birthday) <u>57</u>   |
| 13a. FATHER'S NAME<br><u>Henry August</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Katherine Schuler</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u>  |  |
| 17. INFORMANT<br><u>Estelle Maupin, St. Clair, Mo.</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Estelle Maupin</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>13 da</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><u>St. Clair, Mo.</u>                          |
| 21. I attended the deceased from <u>2/12/63</u> to <u>2/16/63</u> and last saw her alive on <u>2/16/63</u><br>Death occurred at <u>8:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>Feb. 18, 1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I. O. O. F. Cemetery</u>              |
| 24. FUNERAL DIRECTOR<br><u>Sherwood W. Mitchell, St. Clair, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>2/16/63</u>   | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                |

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Sherwood W. Mitchell*

Licensed Embalmer No.

2873

P. O. Address

*JF Clair Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.